Diocese of La Crosse
Child Comprehensive Medical Release and Permission Form
Catholic School or School System 2024-2025 School Year

Name of Catholic School/Catholic School System – Name and City: Aquinas Catholic / Cathedral Elementary School

Contact Information

Student Name:_____ Date of Birth: _____ Male / Female:_____ 24/25Gr:_____

Address:_____

Home Phone #:_____ (Home) E-mail Address: _____

Father's name:_____ Phone: (C)_____ (W)_____

Mother's name:_____ Phone: (C)_____ (W)_____

Emergency Contact:_____ Relationship: _____

Phone: (H)_____ (C)_____ (W)_____

Physician:_____

Clinic/Hospital:_____ Office Phone: _

Medical Insurance Company:_____ Policy #: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The Catholic School/Catholic School system will take reasonable care to see that the following information will be held in confidence. Some classes, field trips, and activities may be physically strenuous. If you desire to limit the student's participation in any way, please submit your wishes.

1. Is the student in good health and able to participate in normal activities? Yes ☐ No ☐
   If not, please submit a statement indicating limitations and/or restrictions.
2. Please give the date of the student's most recent physical examination: _____
3. Immunization History (Please give dates)
   Date of last Tetanus Shot: _____
   Please fill in below only for foreign mission trips:
   DPT_____ DPT Booster_____ Polio Booster_____ Polio Series _____
   Other: _____
   *Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.
4. Allergies
   Pollens ☐ Medications ☐ Food ☐ Insect Bites ☐
   Please note specifics: _____
5. Has the student ever suffered from or been treated for any of the following:
   Asthma ☐ Epilepsy/seizure disorder ☐ Heart trouble ☐
   Diabetes ☐ Frequently upset stomach ☐ Physical handicap ☐
   Depression ☐ Emotional/Mental Disorder ☐ Other _____
6. Operations, serious injuries, or major illnesses in the past year:
   _____ Dates: _____
7. Is the student subject to emotional reactions to new situations (example - fainting)? _____
8. Has the student recently been exposed to contagious disease or conditions, such as mumps, COVID-19, measles, chickenpox, etc.? If so, list date and disease or condition: _____
9. Does the student have a medically prescribed diet? Yes ☐ No ☐

Medical Treatment

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian:_____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the Catholic School/Catholic School System, its administrators, teachers, support staff, coaches, field trip chaperones, or representatives associated with an event or activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Initials of Parent Guardian:_____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Initials of Parent Guardian:_____ Date: _____

Parental/Guardian Consent and Liability for Minors

I,_____, grant permission for my child,_____to participate in
Parent or guardian's name Child's name

Catholic School/Catholic School System events that require transportation to a location away from the Catholic School. Activities will take place under the guidance and direction of Catholic School/Catholic School System from Aquinas Catholic Schools/Cathedral Elementary School.
Name of Catholic School/Catholic School System

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Aquinas Catholic Schools/Cathedral Elementary School , its officers, directors, employees and agents, and the Diocese of La Crosse, its employees
Name of Catholic School/Catholic School System
and agents, chaperones, or representatives associated with events or activities, from any claim arising from or in connection with my child attending the events or activities or in connection therewith, and I agree to compensate the Catholic School/Catholic School System, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the events or activities for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Catholic School/Catholic School System/Diocese of La Crosse.

Initials of Parent Guardian:_____ Date: _____

Code of Conduct

We expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or pornography.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- Student may not drive to events or activities.
- No males in female sleeping quarters, and no females in male sleeping quarters.
- Active participation is expected.
- Respect property.
- Respect one another, administrators, teachers, support staff, coaches, volunteers, event or activity officials and leaders.
- Respect and comply with schedules and with any other specific event rules established.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in school activities. I agree to abide by the stated personal limitations and code of conduct.

Initials of Student: N/A Initials of Parent Guardian:_____ Date: _____

Permission to Use Participant Photos

You have my permission to use said student's photos for communication, educational, and public relation purposes

Initials of Student: N/A Initials of Parent Guardian:_____ Date: _____

Statement of Truth and Accuracy

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Initials of Student: N/A Initials of Parent Guardian:_____ Date: _____